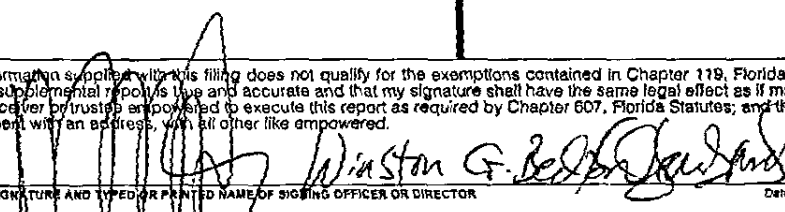


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 31, 2006 08:00 AM
Secretary of State

DOCUMENT # S23356			
1. Entity Name ORAL AND FACIAL SURGERY CENTER, P.A.			
Principal Place of Business 200 WEST OAK STREET KISSIMMEE, FL 34741	Mailing Address 200 WEST OAK STREET KISSIMMEE, FL 34741		
DO NOT WRITE IN THIS SPACE			
		 03222006 No Chg-P CR2E034 (11/05)	
		4. FEI Number 59-3001552	Applied For ☐ Not Applicable
		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BEDFORD, WINSTON G 200 WEST OAK STREET KISSIMMEE, FL 34741		DO NOT WRITE IN THIS SPACE	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PT BEDFORD, WINSTON G DMD, MD 200 WEST OAK STREET KISSIMMEE, FL 34741		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LEVINE, HAL J DMD, MD 200 WEST OAK STREET KISSIMMEE, FL 34741		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D YDRACH, ARTURO A DMD 200 WEST OAK STREET KISSIMMEE, FL 34741		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	U00000486565 04/13/06-80044-003 150.00 DO NOT WRITE IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE:  Winston G. Bedford Date: 3/29/06 Daytime Phone: 407 932 0883			